



**COMMITTEE  
EXPENSE  
REIMBURSEMENT  
REQUEST FORM**

<b>Name</b>	
<b>Address</b>	
<b>City</b>	<b>State/Zip</b>
<b>Phone</b>	
<b>Position Held in QCFSC</b>	

**All receipts must be submitted no later than 90 days from invoice date to receive reimbursement.**

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**EXPENSES:**

Time period from \_\_\_\_\_ to \_\_\_\_\_

Phone & Fax \$ \_\_\_\_\_

Postage & Shipping \$ \_\_\_\_\_

Printing \$ \_\_\_\_\_

Supplies \$ \_\_\_\_\_

Other (explain) \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

*Signature*

\_\_\_\_\_

Please include all receipts for above expenses. Mail to your committee chair for authorization.

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**AUTHORIZATION BY COMMITTEE CHAIR:**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Position \_\_\_\_\_

Committee Chair – mail to Darlene Wetterich / QCFSC Treasurer  
8294 Glenmill Court Cincinnati, OH 45249